

KATRINA MISSION APPLICATION

NAME: _____ AGE: _____ SEX: _____ D.O.B. _____

ADDRESS: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

E MAIL: _____

OCCUPATION: _____ STUDENT: _____ MARRIED: _____

RETIRED: _____

HOBBIES: _____

MUSICAL INSTRUMENT: _____

Why do you want to go to
Lakeshore? _____

Are you skilled in a trade? _____
If yes, what? _____

What specific skills do you have? _____

Have you been on a missions trip before? _____ If yes, who was your leader _____

Where did you go? _____
What did you do? _____

Do you have medical training? _____ If yes, in what? _____

If you do not attend West Church, please list three (3) references, exclusive of family members.

Name: _____
Phone: _____

Name: _____
Phone: _____

Name: _____
Phone: _____

* We are asking everyone who goes to Lakeshore to be responsible for their own ticket and a portion of the rental fee for the car(s) we will need.
*At this point we are only taking adults 18 years and older. If you are a teen who would like to go, please fill out the application. You never know when the chance will open up.
If you have any questions, please call Carolyn at 978-374-4647.